

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS CONSERVATION
1025 CAPITAL CENTER DR, STE 201
POST OFFICE BOX 2244
FRANKFORT KY 40601-2244
PHONE: 502-573-0147
FAX: 502-573-1099
WWW.DOGC.KY.GOV



OFFICE USE ONLY

TR LEDGER # _____
OPERATOR NUMBER: _____
BOND NUMBER: _____
TRANSFER FEE: **\$25.00/WELL**
TOTAL NUMBER OF WELLS ON THIS LEASE
TO BE TRANSFERRED: _____
TOTAL AMOUNT REMITTED ON THIS
FORM: _____

WELL TRANSFER

PRESENT OPERATOR:

TRANSFERRED TO:

OPERATOR: _____

OPERATOR: _____

ADDRESS: _____

ADDRESS: _____

E-MAIL: _____

E-MAIL: _____

PHONE NO: _____

PHONE NO: _____

TOTAL NUMBER OF WELLS ON THIS LEASE TO BE
TRANSFERRED: _____

IF CORPORATION, NAME OF PRINCIPAL OFFICER:

LEASE NAME: _____

COUNTY: _____

WELL NO.	CARTER COORDINATE SPOT LOCATIONS	PERMIT NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTEST: I, THE UNDERSIGNED, SUCCESSOR IN TITLE TO THE WELLS LISTED ABOVE OR ON THE ATTACHED SHEETS, REQUEST THE DIVISION OF OIL AND GAS CONSERVATION, TO TRANSFER AND PLACE THESE WELLS UNDER MY BOND. THEREBY, I AM ASSUMING COMPLETE RESPONSIBILITY FOR THEM UNDER KRS CHAPTER 353 AND THE RULES AND REGULATIONS PROMULGATED THEREUNDER.

DATE SIGNATURE OF PURCHASER TITLE

ACKNOWLEDGED: _____
SIGNATURE OF SELLING OPERATOR TITLE

INSTRUCTIONS: USE A SEPARATE FORM FOR EACH LEASE. ATTACH A SEPARATE LIST, IF THERE ARE MORE WELLS THAN CAN BE LISTED ON THIS SHEET. ENCLOSE \$25.00 PER WELL TRANSFER FEE.

MAKE CHECKS PAYABLE TO: **KENTUCKY STATE TREASURER**